

FEC
FORM 1

STATEMENT OF ORGANIZATION

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SECRETARY OF THE SENATE
PUBLIC INFORMATION

14 APR 28 AM 9:43
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

CITIZENS FOR COCHRAN

ADDRESS (number and street)

PO BOX 7183

☐ (Check if address
is changed)

TUPELO

CITY ▲

MS

STATE ▲

38802

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address
is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address
is changed)

2. DATE

04 / 24 / 2014

3. FEC IDENTIFICATION NUMBER ►

C C00091892

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN M. ROBINSON CPA

Signature of Treasurer

JOHN M. ROBINSON CPA

Date

04 / 24 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
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